

STATEMENT OF ECONOMIC INTERESTS
FAIR POLITICAL PRACTICES COVER PAGE

Date Received
Official Use Only

Please type or print in ink.

11 APR -4 PM 2:18

11 MAR 31 P5:24

NAME OF FILER (LAST) (FIRST) (MIDDLE)
Delgado Hector CITY OF SOUTH EL MONTE
CITY CLERK'S OFFICE

1. Office, Agency, or Court

Agency Name

CITY OF SOUTH EL MONTE

Division, Board, Department, District, if applicable

Your Position

CITY COUNCIL/IMPROVEMENT DISTRICT

COUNCILMEMBER

► If filing for multiple positions, list below or on an attachment.

Agency: PARKING AUTHORITY/FINANCING AUTHORITY

Position: COMMISSIONER/COMMISSIONER

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County

☐ County of

☒ City of SOUTH EL MONTE

☐ Other

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

-or-

The period covered is through December 31, 2010.

☐ Leaving Office: Date Left (Check one)

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date

☐ The period covered is through the date of leaving office.

☐ Candidate: Election Year Office sought, if different than Part 1:

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

I certify under penalty of perjury under the laws of the State of California that th

Date Signed 3/31/11
(month, day, year)

Signature

SCHEDULE D Income – Gifts

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION Name Hector Delgado

► NAME OF SOURCE
 Quinn M. Barrow
 ADDRESS (Business Address Acceptable)
 355 S. Grand Ave. 40th Floor
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 City Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
3 / 9 / 10	\$ 12.96	Dinner
4 / 27 / 10	\$ 13.30	Dinner
5 / 14 / 10	\$ 11.79	Dinner

► NAME OF SOURCE
 Quinn M. Barrow
 ADDRESS (Business Address Acceptable)
 355 S. Grand Ave. 40th Floor
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 City Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
6 / 22 / 10	\$ 4.87	Drinks
7 / 27 / 10	\$ 8.00	Dinner
9 / 14 / 10	\$ 19.01	Dinner

► NAME OF SOURCE
 Quinn M. Barrow
 ADDRESS (Business Address Acceptable)
 355 S. Grand Ave. 40th Floor
 BUSINESS ACTIVITY, IF ANY, OF SOURCE
 City Attorney

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
10 / 12 / 10	\$ 6.44	Dinner
12 / 1 / 10	\$ 49.95	Holiday Gift
12 / 14 / 10	\$ 6.58	Dinner

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

► NAME OF SOURCE
 ADDRESS (Business Address Acceptable)
 BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
/ /	\$	
/ /	\$	
/ /	\$	

Comments: _____